U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 180 86

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	[] / [] / [200] Through: [] 2 / BT / 2009			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Stanley It Maurer	Name Granic Communications Contevence Linternational Brothering of Tayrisks Labor Organization File Number 30 56148			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 7203 4 Dr South	Street 8650 Vering Rd			
ony Athens	on Battle Creek			
State Mich ZIP Code + 4 440	State Mich ZIP Code + 4 Z-GOI 4			
5. Position in labor organization. President	A MATA ADMINISTRATION AND ADMINISTRATION CONTINUE AND ADMINISTRATION ADMI			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City	TO THE PARTY AND ADDRESS AND A STATE OF THE PARTY AND ADDRESS AND A STATE OF THE PARTY AND ADDRESS AND			
State ZIP Code + 4				
Signa	ature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the			

Telephone Number

Name of Person Filing Stanley H Marres		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	S	
8. Name and address of Business (including trade name, if any). Name Canteen Services Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11 McCollom Street City Calesburg State Mich ZIP Code + 4 LAGS 3	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing Colf Outing Oft	18 holes & Cait	Marry Strumman are survived and the
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held		THE A SECTION AND ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECT
	12.b. Amount.	Typh (to Missian American property of the Missian American property of the Missian property of the Mi	· · · · · · · · · · · · · · · · · · ·
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	A STATE OF THE STA	and out out
Name			man or out the cond by the many second
Trade Name, if any:			no est un un periodici proble
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	0	

Name of Person Filling 'Steinley H May res	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or lirectly to, or otherwise	
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City	11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.	
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